

# Unannounced Medicines Management Inspection Report 19 April 2018



## The Beeches Professional & Therapeutic Services

Type of Service: Nursing Home  
Address: 9-11 Lurgan Road, Aghalee, BT67 0DD  
Tel No: 028 9265 2233  
Inspector: Catherine Glover

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home with 41 beds that provides care for patients with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Beeches Professional & Therapeutic Services Ltd  <b>Responsible Individual:</b> Mr James Brian Wilson	<b>Registered Manager:</b> Mrs Carmel Nelson
<b>Person in charge at the time of inspection:</b> Mrs Carmel Nelson	<b>Date manager registered:</b> 9 March 2007
<b>Categories of care:</b> Nursing Homes (NH) LD – Learning disability LD(E) – Learning disability – over 65 years	<b>Number of registered places:</b> 41

### 4.0 Inspection summary

An unannounced inspection took place on 19 April 2018 from 10.20 to 13.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The inspection assessed progress with any areas for improvement identified since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to medicines administration, medicine records, staff training and the storage of medicines.

No areas requiring improvement were identified.

Patients were observed to be relaxed and comfortable in the home. Good relationships were evident between staff and patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Carmel Nelson, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care and premises inspection**

No further actions were required to be taken following the most recent inspections on 8 January 2018. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection we met with two patients, the registered manager and one registered nurse.

Ten questionnaires were provided for distribution to patients and their representatives for completion and return to RQIA. Staff were invited to share their views by completing an online questionnaire.

A sample of the following records was examined during the inspection:

- |  |                                  |
|--|----------------------------------|
| • medicines requested and received     | • medicine audits                |
| • personal medication records          | • care plans                     |
| • medicine administration records      | • training records               |
| • medicines disposed of or transferred | • medicines storage temperatures |

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspections dated 8 January 2018

The most recent inspections of the home were announced pre-registration care and premises inspections. There were no areas for improvement identified as a result of these inspections.

### 6.2 Review of areas for improvement from the last medicines management inspection dated 7 April 2016

There were no areas for improvement identified as a result of the last medicines management inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in medicines management was provided in the last year. In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home. Staff were reminded that written confirmation of the medicine regime should be obtained from the prescriber on admission. This was discussed with the registered manager during the inspection.

Robust arrangements were observed for the management of high risk medicines e.g. warfarin. The use of separate administration charts was acknowledged.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. The medicine refrigerator and oxygen equipment were checked at regular intervals.

**Areas of good practice**

There were examples of good practice in relation to staff training, competency assessment and the storage of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The sample of medicines examined had been administered in accordance with the prescriber’s instructions. There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of weekly medicines were due.

When a patient was prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient’s behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. A care plan was maintained.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

The management of enteral feeding was examined. For those patients prescribed enteral feeds, the details were recorded on their personal medication record and included details of the rate of flow. Detailed feeding regimens were held on file. Fluid balance charts were maintained and care plans were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient’s health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included good explanation for the use of “when required” analgesia.

Practices for the management of medicines were audited throughout the month by the staff and management. This included running stock balances for some medicines. In addition, a quarterly audit was completed by the community pharmacist.

Following discussion with the registered manager and observation of care files, it was evident that other healthcare professionals are contacted when required to meet the needs of patients.

**Areas of good practice**

There were examples of good practice in relation to the standard of record keeping, care planning and the administration of medicines.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The administration of medicines was not observed at the time of this inspection. Staff were familiar with the medication prescribed for patients and knowledgeable about their healthcare needs.

Throughout the inspection, it was found that there were good relationships between the staff and patients. Visitors were warmly welcomed. Staff were noted to be friendly and courteous. It was clear, from discussion and observation of staff, that they were familiar with the patients’ likes and dislikes.

We met with two patients, who expressed their satisfaction with the care and the staff in the home. They advised that the food was good and they had enjoyed their lunch.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Of the questionnaires that were issued, three were returned from patients or relatives. The responses indicated that they were very satisfied with all aspects of the care.

Any comments from patients, their representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

## Areas of good practice

Staff listened to patients and relatives and took account of their views.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector discussed arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients.

Written policies and procedures for the management of medicines were in place; they were not examined during this inspection. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were robust arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

A review of the audit records indicated that largely satisfactory outcomes had been achieved.

Following discussion with the registered manager and registered nurse it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated through team meetings, supervision or individually with staff. They stated that there were good working relationships within the home and with healthcare professionals involved in patient care.

No online questionnaires were completed by staff within the specified time frame (two weeks).

## Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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